L/6000041745

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PłCK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	<u> </u>
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2016 SEP -1 AMII: 12

SECRETARY OF STATE
SECRETARY

K. SALY EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp			, ,
SUBJ	ECT:	Salvage C Name of Lim	Carperty LLC nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Cha	(les Stovell	T T T T T T T T T T T T T T T T T T T
			Name of Person	
			Firm/Company	
		2325	S Ines Ave L Address	ot 65
		Pan	City/State and Zip Code	32405
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
-	Charles:	Stova (1	at (<u>850</u>) <u>814 – S</u> Area Code Daytime	5253
	Name of	Person	Area Code Daytimo	e Telephone Number
Enclos	ed is a check for the	e following amount:		
& \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	10	
ARTICLES (OF ORGANIZATION	1977
	OF	2016 SEP AMII: 1
_		10/0 SEP
	ENTRY LLC	MITTORAL AMIL
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records imited Liability Company)	J AHASEY OF
The Articles of Organization for this Limited Liability Con	npany were filed on2 /z = //L	and assigned and assigned
Florida document number <u> </u>		
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our records,	enter the name of the new
registered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
New Registered Office Address:		
negistered Office Address.	Enter Florida street address	
	Ela	wida
	, Flor	rida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
P	Charles Stovall	2325 Jones Ave Lot 65	Add
		2325 Jones Ave Lot 65 Panama City, FL 3240	S Remove
		•	Change
			Add
			Remove
			Change
			Add Repove
	<u>.</u>		SSI Change FF S Add
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ffective date is listed, the If the date inserted i	han the date of filing date must be specific and n this block does not m on the Department of S	cannot be prior to date neet the applicable st	of filing or more than 90 days	optional) safter filing.) Pursuant to 605.0 s, this date will not be listed
ecord specifies a c e 90th day after t	delayed effective d he record is filed.	late, but not an e	ffective time, at 12:	01 a.m. on the earlier
1 8-29-	16		epresentative of a member	
	\sim	nal		
Ch.	when So	ill		

Page 3 of 3

Filing Fee: \$25.00